

# Aerospace Loan Program

## 2016-17 COSIGNER LOAN APPLICATION

Form must be complete – do not leave blanks. This document must be completed by the Cosigner.

<b>Aerospace Applicant's Name</b>
<b>Cosigner's relationship to applicant</b> ( <i>Cosigner cannot be applicant's spouse</i> )

### COSIGNER'S INFORMATION

Legal Last Name	First Name	MI	SSN
<b>Permanent Address</b>		<b>Phone Number (    )</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Email address</b>
<b>Driver's License #</b>		<b>Date of Birth (mo/day/year)</b>	
<b>I am a U.S. Citizen, or an eligible non-citizen, legally able to work in the United States and can provide documentation upon request:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b><i>To be eligible to cosign, you must answer "No" to all of the following questions.</i></b>			
Are you delinquent on any federal/state debt?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you delinquent on child support payments?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you filed a bankruptcy in the last seven years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
To the best of your knowledge is your credit score is below 600?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have open collection accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## CONSUMER CREDIT REPORT RELEASE FORM

***PLEASE READ CAREFULLY***

**BY MY SIGNATURE BELOW I AUTHORIZE** the **Washington Student Achievement Council** to obtain a Consumer Credit Report and/or a Criminal Background Report on me. This authorization is valid for purposes of verifying information given pursuant to authorization of the Aerospace Loan Program loan or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

By my signature below, I hereby authorize all former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, and persons to release all information they may have about me including criminal history. This authorization shall be valid in original or copy form.

\_\_\_\_\_  
*Cosigner Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

***Mail to: WSAC/ALP PO Box 43430 Olympia WA 98504-3430 For questions contact: [alp@wsac.wa.gov](mailto:alp@wsac.wa.gov) or (360) 753-7794***